Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 1 of 64

| Fill in this information to identify your case: | |
|---|---|
| United States Bankruptcy Court for the: Northern District of: Illinois | |
| (State) Case number (if known) | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | art 1: Identify Yourself | | | | |
|----|---|----------------------------|---|--|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
| 1. | Your full name | Diane First name | First name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport | First name | First name | | |
| | | Middle name Turner | Middle name | | |
| | | Last name | Last name | | |
| | Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) | | |
| 2. | All other names you | | | | |
| | have used in the last 8 years Include your married or maiden names. | First name | First name | | |
| | | Middle name | Middle name | | |
| | | Last name | Last name | | |
| | | First name | First name | | |
| | | Middle name | Middle name | | |
| | | Last name | Last name | | |
| 3. | Only the last 4 digits of your Social | XXX - XX- 3141 | xxx - xx- | | |
| | Security number or | OR | OR | | |
| | Taxpayer Identification number | 9 xx - xx- | 9 xx - xx- | | |
| 3. | of your Social Security number or federal Individual Taxpayer | OR | OR | | |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 2 of 64

| Debtor 1 Diane First Name | Turner Middle Name Last Name | Case number (if known) |
|--|--|--|
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| Any business name and Employer | I have not used any business names or EINs. | I have not used any business names or EINs. |
| Identification Numbers (EIN) you have used in the la | | Business name |
| 8 years | Business name | Business name |
| Include trade names an doing business as nam | | EIN |
| | EIN | EIN |
| 5. Where you live | | If Debtor 2 lives at a different address: |
| | 6847 S Calumet Ave Number Street | Number Street |
| | Chicago Illinois 60637 City State Zip Code | City State Zip Code |
| | Cook County If your mailing address is different from the one above, fill it in here. Note that the court will send any | County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to |
| | notices to you at this mailing address. | this mailing address. |
| | Number Street | Number Street |
| | City State Zip Code | City State Zip Code |
| 6. Why you are choosing this distrito file for bankrupt | | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. §§ 1408.) |
| | | |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 3 of 64

| Debtor 1 | | | Turner | Case number (if kno | own) |
|--|---|---|---|---|---|
| | First Name | Middle Name | Last Name | | |
| Part 2: | Tell the Court Abo | ut Your Bankruptcy Ca | ise | | |
| Banl | chapter of the kruptcy Code you choosing to file er | | lescription of each, see <i>Notice Req</i> | | |
| 8. How fee | you will pay the | more details about the cashier's check, or may pay with a cred. I need to pay the feat Individuals to Pay the judge may, but is not the official poverty by you choose this optimize the series. | how you may pay. Typically, if yomoney order If your attorney is lit card or check with a pre-print see in installments. If you choose your Filing Fee in Installments (Coee be waived (You may request of required to, waive your fee, ar line that applies to your family s | ou are paying the submitting your ed address. e this option, sign official Form 103 of this option only and may do so onlize and you are uses. | the clerk's office in your local court for e fee yourself, you may pay with cash, it payment on your behalf, your attorney an and attach the <i>Application for AA</i>). If you are filing for Chapter 7. By law, a ly if your income is less than 150% of unable to pay the fee in installments). If the Chapter 7 Filing Fee Waived (Official |
| bank | e you filed for kruptcy within the 8 years? | V No. Yes. District District District | When When | MM / DD / YYYY | Case number Case number Case number |
| case bein spou filing you, | any bankruptcy es pending or g filed by a use who is not g this case with or by a business ner, or by an ate? | Ves. Debtor District Debtor District | <u>W</u> hen <u>W</u> hen | MM / DD / YYYY | Relationship to you Case number, if known Relationship to you Case number, if known |
| _ | ou rent your dence? | ✓ No. Go to Yes. Fill out | · - | | you want to stay in your residence? St You (Form 101A) and file it with |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 4 of 64

Debtor 1 Diane Turner Case number (if known) Middle Name First Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. V For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have $\overline{}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 5 of 64

 Debtor 1 First Name
 Diane
 Turner
 Case number (if known)

 Last Name

| Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling | | | | | | | |
|---|---|---|---|---|--|--|--|
| | About Debtor 1: | | About Debtor 2 (Sp | pouse Only in a Joint Case): | | | |
| 15. Tell the court | You must check one: | | You must check one: | | | | |
| whether you have received briefing about credit counseling. | counseling agen filed this bankru | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. | | fing from an approved credit ncy within the 180 days before I uptcy petition, and I received a mpletion. | | | |
| The law requires that you receive a briefing | | he certificate and the payment plan, veloped with the agency. | | the certificate and the payment plan, eveloped with the agency. | | | |
| about credit counseling before you file for bankruptcy. You must truthfully | counseling agen | ing from an approved credit ncy within the 180 days before I ptcy petition, but I do not have a npletion. | counseling age | fing from an approved credit ncy within the 180 days before I uptcy petition, but I do not have a mpletion. | | | |
| check one of the following choices. If you cannot do so, you are not eligible to file. | | er you file this bankruptcy petition, opy of the certificate and payment | | ter you file this bankruptcy petition, copy of the certificate and payment | | | |
| If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your | from an approve obtain those ser made my reques | ked for credit counseling services and agency, but was unable to vices during the 7 days after I at, and exigent circumstances amporary waiver of the | from an approve obtain those se made my reques | sked for credit counseling services ed agency, but was unable to rvices during the 7 days after I st, and exigent circumstances emporary waiver of the | | | |
| creditors can begin collection activities again. | requirement, attac efforts you made t unable to obtain it | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were before you filed for bankruptcy, and umstances required you to file this | requirement, atta efforts you made unable to obtain i | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were t before you filed for bankruptcy, and umstances required you to file this | | | |
| | | e dismissed if the court is dissatisfied for not receiving a briefing before ruptcy. | | e dismissed if the court is dissatisfied s for not receiving a briefing before cruptcy. | | | |
| | receive a briefing must file a certifica with a copy of the | If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. | | If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. | | | |
| | | he 30-day deadline is granted only mited to a maximum of 15 days. | | the 30-day deadline is granted only imited to a maximum of 15 days. | | | |
| | I am not required counseling beca | d to receive a briefing about credit use of: | I am not require counseling because | d to receive a briefing about credit ause of: | | | |
| | Incapacity. | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. | ☐ Incapacity. | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. | | | |
| | Disability. | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. | Disability. | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. | | | |
| | Active duty. | I am currently on active military duty in a military combat zone. | Active duty. | I am currently on active military duty in a military combat zone. | | | |
| | about credit coun | are not required to receive a briefing seling, you must file a motion for ounseling with the court. | about credit cour | are not required to receive a briefing nseling, you must file a motion for counseling with the court. | | | |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Mair Document Page 6 of 64

Debtor 1 Diane Turner Case number (if known) Middle Name First Name Last Name Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as 16. What kind of debts do incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded No. and administrative expenses are paid that Yes. funds will be available for distribution to unsecured creditors? **7** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 50-99 5,001-10,000 50,001-100,000 do you estimate that 100-199 10,001-25,000 More than 100,000 you owe? 200-999 \$1,000,001-\$10 million \$0-\$50,000 \$500,000,001-\$1 billion 19. How much do you **V** \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your liabilities to be? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X X /s/ Diane Turner Signature of Debtor 1 Signature of Debtor 2 Executed on _ 12/28/2016 Executed on MM / DD / YYYY MM / DD / YYYY

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 7 of 64

| Debtor 1 Diane | | Turner | Case number (if) | known) |
|--|----------------------------|-----------------------|------------------------------|---|
| First Name | Middle Name | Last Name | <u> </u> | |
| For your attorney, if you are represented by one | eligibility to proceed und | der Chapter 7, 11, 12 | 2, or 13 of title 11, United | ave informed the debtor(s) about d States Code, and have explained the Iso certify that I have delivered to the |
| If you are not | debtor(s) the notice requ | ired by 11 U.S.C. § | 342(b) and, in a case in v | which § 707(b)(4)(D) applies, certify that I |
| represented by an | have no knowledge after | r an inquiry that the | information in the sched | ules filed with the petition is incorrect. |
| attorney, you do not | . . | . , | | · |
| need to file this page. | /s/ Sean McNulty | | Date | 12/28/2016 |
| | Signature of Attorney f | or Debtor | M | M / DD / YYYY |
| | | | | |
| | | | | |
| | Sean McNulty | | | |
| | Printed name | | | |
| | Semrad Law Firm | | | |
| | Firm name | | | |
| | 11101 S. Western Ave | ND LLO | | |
| | Street | nue | | |
| | 0.1001 | | | |
| | | | | |
| | Chicago | | Illinois | 60643 |
| | City | | State | Zip Code |
| | - | | | |
| | Contact phone | 3128374030 | Email address | smcnulty@semradlaw.com |
| | | | | - |
| | | | Illinois | |
| | Bar number | | State | |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 8 of 64

| Fill in this information to identify your case: | | | | | | | |
|---|---------------------------|-------------|----------------------|--|--|--|--|
| Debtor 1 | Diane | | Turner | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois | | | | |
| | | | (State) | | | | |
| Case number (If known) | | | | | | | |

| Check if this is an |
|---------------------|
| amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | Your assets Value of what you own |
|---|---|
| . Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$66,000.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$1,575.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$67,575.00 |
| art 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule | D \$307,892.17 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$0.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | \$5,934.00 |
| Your total liabili | \$313,826.17 |
| Summarina Valus Income and Evnences | |
| Part 3: Summarize Your Income and Expenses | |
| Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$1,526.90 |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 9 of 64

| Deb | tor 1 | | | Turner | Case number (if known) | | | | | |
|-------------|--|--|---------------------------|--|---|--------|--|--|--|--|
| | | First Name | Middle Name | Last Name | | | | | | |
| Part | 4: | Answer These Question | ns for Administrativ | ve and Statistical Recor | ds | | | | | |
| 6. A | re yo | u filing for bankruptcy und | er Chapters 7, 11, or | 13? | | | | | | |
| | | | t on this part of the for | m. Check this box and submi | t this form to the court with your other sche | dules. | | | | |
| Ŀ | ✓ Ye | es. | | | | | | | | |
| 7. W | 7. What kind of debt do you have? | | | | | | | | | |
| [| Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. | | | | | | | | | |
| | | our debts are not primarily is form to the court with you | | u have nothing to report on th | is part of the form. Check this box and sub- | nit | | | | |
| | | the Statement of Your Cur 122A-1 Line 11; OR, Form 1 | | : Copy your total current mon m 122C-1 Line 14. | thly income from Official | \$0.00 | | | | |
| 9. | Сор | y the following special cate | egories of claims fron | n Part 4, line 6 of Schedule | E/F: | | | | | |
| | From Part 4 on Schedule E/F, copy the following: | | | | Total claim | | | | | |
| | 9a. [| Domestic support obligations | (Copy line 6a.) | | \$0.00 | | | | | |
| | 9b. Taxes and certain other debts you owe the government | | | ent. (Copy line 6b.) | \$0.00 | | | | | |
| | 9c. 0 | Claims for death or personal in | njury while you were in | toxicated. (Copy line 6c.) | \$0.00 | | | | | |
| | 9d. 8 | d. Student loans. (Copy line 6f.) | | | \$0.00 | | | | | |
| | | Obligations arising out of a seity claims. (Copy line 6g.) | eparation agreement or | divorce that you did not repo | st as \$0.00 | | | | | |
| | 9f. D | ebts to pension or profit-sha | ring plans, and other s | imilar debts. (Copy line 6h.) | \$0.00 | | | | | |

\$0.00

9g. Total. Add lines 9a through 9f.

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 10 of 64

| Fill in this | information to identify your o | case: | | | | | |
|-------------------------------------|---|--|-------------------------------|---|---|------------------------|---|
| Debtor 1 | Diane | | | Turner | | | |
| Debtor 2 | First Name | Middle N | ame | Last Name | | | |
| (Spouse, if fi | ling) First Name | Middle N | ame | Last Name | | | |
| United Sta | ates Bankruptcy Court for the: | Northern | | District of Illinois | | | |
| Case num | nber | | | (State) | | | |
| Officia | al Form 106A/B | | | | | | Check if this is an amended filing |
| Sche | dule A/B: Prope | erty | | | | | 12/1 |
| category responsib write your | where you think it fits best. le for supplying correct infor name and case number (if l | Be as complete ar rmation. If more sp known). Answer e | nd accu pace is very qu | sset only once. If an asset fits in mor urate as possible. If two married peo needed, attach a separate sheet to estion. Other Real Estate You Own or H | ple are filing togeth this form. On the to | er, both a p of any | are equally |
| 1. Do you | • • | quitable interest i | n any r | esidence, building, land, or similar p | roperty? | | |
| | No. Go to Part 2 | | | | | | |
| 1.1 | Yes. Where is the property? Street address, if available, or | other description | Sir | is the property? Check all that apply. ngle-family home uplex or multi-unit building | the amount o | f any secu | claims or exemptions. Put ured claims on <i>Schedule D:</i> nims Secured by Property. |
| | Number Street | | | ondominium or cooperative anufactured or mobile home | Current value entire prope \$66000.00 | | Current value of the portion you own? \$66000.00 |
| | Chicago Illinois City State Cook County | 60637 Zip Code | In | ind vestment property meshare ther | interest (suc | h as fee s | of your ownership simple, tenancy by e estate), if known. |
| | , | | | as an interest in the property? Chec | | this is co | ommunity property |
| | | | one. | ebtor 1 only | _ | | |
| | | | | ebtor 2 only | | | |
| | | | De | ebtor 1 and Debtor 2 only | | | |
| | | | | least one of the debtors and another | | | |
| | | | | information you wish to add about t rty identification er: | his item, such as lo | cal | |
| If you | own or have more than one, I | ist here: | What | is the property? Check all that apply | Do not doduc | t accurad | claims or exemptions. Put |
| 1.2 | Street address, if available, or | other description | Sir | is the property? Check all that apply. Ingle-family home Inplex or multi-unit building | the amount o | f any secu | ured claims on Schedule D: aims Secured by Property. |
| | | | Co | ondominium or cooperative anufactured or mobile home | Current value entire prope | | Current value of the portion you own? |
| | Number Street | | In | ind vestment property meshare | interest (suc | h as fee s | of your ownership simple, tenancy by e estate), if known. |
| | City State | Zip Code | | her has an interest in the property? Chec | Check if | this is co | ommunity property |
| | | | one. | obtor 1 only | | | |
| | | | | ebtor 1 only ebtor 2 only | | | |
| | | | | ebtor 1 and Debtor 2 only | | | |
| | | | | least one of the debtors and another | | | |
| | | | | information you wish to add about t | his item, such as lo | cal | |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 11 of 64

| Debtor 1 | Diane | | Turner Case num | ber (if known) | |
|-----------------------------|---|------------------------------------|--|---|--|
| | First Name | Middle Name | Last Name | | |
| 1.3 Stre | et address, if available, or ot | | What is the property? Check all that apply. Single-family home Duplex or multi-unit building | the amount of any s Creditors Who Have | red claims or exemptions. Put ecured claims on Schedule D: Claims Secured by Property. |
| | Olavit. | | Condominium or cooperative Manufactured or mobile home Land | Current value of th entire property? | e Current value of the portion you own? |
| City | nber Street State | Zin Codo | Investment property | interest (such as fe | e of your ownership ee simple, tenancy by life estate), if known. |
| 2. Add you ha Part 2: | the dollar value of the porve attached for Part 1. Wr | tion you own for ite that number h | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this ite property identification number: all of your entries from Part 1, including any entere. t in any vehicles, whether they are registered on also report it on Schedule G: Executory Contracts and | m, such as local ries for pages | \$66000.00 |
| 3. Cars, va | | ility vehicles, motor | rcycles | | |
| 3.1 | Make Model: Year: | | Who has an interest in the property? Check one. Debtor 1 only | the amount of any s | red claims or exemptions. Put secured claims on Schedule D: e Claims Secured by Property. |
| | Approximate mileage: Other information: | | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Current value of the entire property? | ne Current value of the portion you own? |
| | | | Check if this is community property (see instructions) | | |
| 3.2 | Make Model: Year: | | Who has an interest in the property? Check one. Debtor 1 only | the amount of any s | red claims or exemptions. Put secured claims on <i>Schedule D:</i> e Claims Secured by Property. |
| | Approximate mileage: Other information: | | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | Current value of the entire property? | ne Current value of the portion you own? |
| | | | instructions) | | |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 12 of 64

| | Diane First Name | Middle Name | Turner Last Name | Case number | ei (ii kilowi) | | |
|------|--|-------------|--|---|--|--|--|
| 3.3 | Make Model: Year: | | Who has an interest in the one. Debtor 1 only | property? Check | Do not deduct secured the amount of any secu <i>Creditors Who Have Cla</i> | red claims on <i>Schedule</i> | |
| | Approximate mileage: | | Debtor 2 only Debtor 1 and Debtor 2 o | nly | Current value of the entire property? | Current value of the portion you own? | |
| | Other information: | | ¬ Ш | • | —————————————————————————————————————— | | |
| | | | At least one of the debto | | | | |
| | | | Check if this is commu instructions) | inity property (see | | | |
| 3.4 | Make | | Who has an interest in the | property? Check | Do not deduct secured | · · | |
| | Model: | | one. | | the amount of any secured claims on Schedule Creditors Who Have Claims Secured by Propen | | |
| | Year: Approximate mileage: | | Debtor 1 only | | Oreanors who have ora | ums becared by Fropen | |
| | | | Debtor 2 only | | Current value of the | Current value of the | |
| | Other information: | | Debtor 1 and Debtor 2 o | nly | entire property? | portion you own? | |
| | | | At least one of the debto | rs and another | | | |
| | | | Check if this is commu | inity property (see | | | |
| | | • | er recreational vehicles, othe t, fishing vessels, snowmobiles, | • | | | |
| Exa | nples: Boats, trailers, motors No Yes | • | | motorcycle accessor | Do not deduct secured the amount of any secu | red claims on <i>Schedule</i> | |
| Exar | nples: Boats, trailers, motors No Yes Make Model: Year: | • | t, fishing vessels, snowmobiles, Who has an interest in the | motorcycle accessor | Do not deduct secured | red claims on <i>Schedule</i> | |
| Exar | nples: Boats, trailers, motors No Yes Make Model: | • | t, fishing vessels, snowmobiles, Who has an interest in the one. | motorcycle accessor | Do not deduct secured the amount of any secu | red claims on Schedule ims Secured by Proper | |
| Exar | nples: Boats, trailers, motors No Yes Make Model: Year: | • | t, fishing vessels, snowmobiles, Who has an interest in the one. Debtor 1 only | motorcycle accessor property? Check | Do not deduct secured the amount of any secu Creditors Who Have Cla | red claims on Schedule ims Secured by Proper | |
| Exar | nples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: | • | who has an interest in the one. Debtor 1 only Debtor 2 only | motorcycle accessor property? Check | Do not deduct secured the amount of any secu Creditors Who Have Cla | ured claims on Schedule nims Secured by Propert Current value of the | |
| Exar | nples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: | • | t, fishing vessels, snowmobiles, Who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 o | motorcycle accessor property? Check nly rs and another | Do not deduct secured the amount of any secu Creditors Who Have Cla | red claims on Schedule ims Secured by Proper Current value of the | |
| 4.1 | nples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: | • | who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 o At least one of the debto Check if this is communinstructions) Who has an interest in the | property? Check nly rs and another unity property (see | Do not deduct secured the amount of any secu Creditors Who Have Cla Current value of the entire property? Do not deduct secured | red claims on Schedulaims Secured by Proper Current value of the portion you own? claims or exemptions. | |
| 4.1 | Make Model: Other information: Make Model: Make Model: Make Model: Make Model: Model: Make | • | who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 o At least one of the debto Check if this is communinstructions) Who has an interest in the one. | property? Check nly rs and another inity property (see | Do not deduct secured the amount of any secu Creditors Who Have Clater Current value of the entire property? Do not deduct secured the amount of any secured. | red claims on Schedulaims Secured by Proper Current value of the portion you own? claims or exemptions. I lired claims on Schedulaims on Sc | |
| 4.1 | Make Model: Approximate mileage: Other information: Make Model: Year: Approximate mileage: Other information: | • | who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 o At least one of the debto Check if this is communinstructions) Who has an interest in the one. Debtor 1 only | property? Check nly rs and another inity property (see | Do not deduct secured the amount of any secu Creditors Who Have Classian Current value of the entire property? Do not deduct secured the amount of any secu Creditors Who Have Classian Creditors Who Have Classian Control of the Secured the Amount of Secured Creditors Who Have Classian Creditors Control of Secured Creditors Creditors Control of Secured Creditors | red claims on Schedulinims Secured by Proper Current value of the portion you own? claims or exemptions. Ired claims on Schedulinims Secured by Proper | |
| 4.1 | mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: Approximate mileage: | • | Who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 o At least one of the debto Check if this is communinstructions) Who has an interest in the one. Debtor 1 only Debtor 2 only | property? Check nly rs and another inity property (see property? Check | Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the entire property? Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the | red claims on Scheduk aims Secured by Proper Current value of the portion you own? claims or exemptions. I ared claims on Scheduk aims Secured by Proper Current value of the | |
| 4.1 | Make Model: Approximate mileage: Other information: Make Model: Year: Approximate mileage: Other information: | • | who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 o At least one of the debto Check if this is communinstructions) Who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 o | property? Check nly rs and another inity property (see property? Check | Do not deduct secured the amount of any secu Creditors Who Have Classian Current value of the entire property? Do not deduct secured the amount of any secu Creditors Who Have Classian Creditors Who Have Classian Control of the Secured the Amount of Secured Creditors Who Have Classian Creditors Control of Secured Creditors Creditors Control of Secured Creditors | red claims on Scheduk nims Secured by Propen Current value of the portion you own? claims or exemptions. I | |
| 4.1 | mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: Approximate mileage: | • | Who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 o At least one of the debto Check if this is communinstructions) Who has an interest in the one. Debtor 1 only Debtor 2 only | property? Check nly rs and another inity property (see property? Check | Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the entire property? Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the | red claims on Scheduk aims Secured by Proper Current value of the portion you own? claims or exemptions. I ared claims on Scheduk aims Secured by Proper Current value of the | |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 13 of 64

Debtor 1 Diane Turner Case number (if known) Middle Name First Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Misc. Household Goods \$350.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... Misc. Electronics \$100.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections, other collections, memorabilia, collectibles Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... **Used Clothing** \$350.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... Used Costume Jewelry \$50.00 13. Non-farm animals Examples: Dogs, cats, birds, horses Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$850.00 for Part 3. Write that number here

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 14 of 64

| Debt | tor 1 Diane | | Turner | Case number (if known) | |
|--------------|--|--|-----------------------------|---|--|
| | First Name | Middle Name | Last Name | | |
| Part 4 | Describe You | r Financial Assets | | | |
| Doy | you own or have a | any legal or equitable interes | t in any of the followin | ng? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. C | | have in your wallet, in your home, ir | n a safe deposit box, and o | on hand when you file your petition | |
| | ✓ Yes | | | Cash: | \$25.00 |
| 17. | Examples: Checking, | savings, or other financial accounts institutions. If you have multiple ac | | nares in credit unions, brokerage houses, | |
| | ✓ Yes | | Institution name: | | |
| | _ | 17.1. Checking account: | Northern Trust | | \$700.00 |
| | | 17.2. Checking account: | | | |
| | | 17.3. Savings account: | | | |
| | | 17.4. Savings account: | | | |
| | | 17.5. Certificates of deposit: | | | |
| | | 17.6. Other financial account: | | | |
| | | 17.7. Other financial account: | | | |
| | | 17.8. Other financial account: | | | |
| | | 17.9. Other financial account: | | | |
| 18. | | is, or publicly traded stocks ds, investment accounts with broke Institution or issuer name: | rage firms, money market | accounts | |
| | | | | | |
| | | | | | |
| 19. | Non-publicly traded an LLC, partnership | | ated and unincorporated | businesses, including an interest in | |
| | Yes. Give specific information about them | | | % of ownership: | |
| | | | | | |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 15 of 64

| Debt | tor 1 Diane | | Turner | Case number (if known) | |
|------|------------------------|---|----------------------------|---|---|
| | First Name | Middle Name | Last Name | | |
| 20. | Negotiable instruments | orate bonds and other negotial include personal checks, cashiers ents are those you cannot transfer | checks, promissory no | otes, and money orders. | |
| | them | Issuer name: | | | |
| | | | | | - |
| | | | | | - |
| 21. | Retirement or pension | accounts | | | |
| | | | , thrift savings accounts | s, or other pension or profit-sharing plans | |
| | ✓ No | Type of account: | Institution name: | | |
| | Yes. List each account | 401(k) or similar plan: | | | |
| | separately. | Pension plan: | | | |
| | | IRA: | | | |
| | | Retirement account: | | | |
| | | Keogh: | | | |
| | | Additional account: | | | |
| | | Additional account: | | | |
| 22. | | prepayments d deposits you have made so that with landlords, prepaid rent, public | | | |
| | Yes | Electric: | | | |
| | | Gas: | | | |
| | | Heating oil: | | | |
| | | Security deposit on rental unit: | | | |
| | | Prepaid rent: | | | |
| | | Telephone: | | | |
| | | Water: | | | |
| | | Rented furniture: | | | |
| | | Other: | | | |
| 23. | | or a periodic payment of money to | you, either for life or fo | or a number of years) | |
| | ✓ No Yes | Issuer name and description: | | | |
| | 100 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 16 of 64

| Debt | tor 1 Diane | Turner | Case number (if known) | |
|------|--|--|---|--|
| | | Middle Name Last Name | | |
| 24. | Interests in an education IRA, in at 26 U.S.C. §§ 530(b)(1), 529A(b), and | n account in a qualified ABLE program, or unde l 529(b)(1). | r a qualified state tuition program. | |
| | ✓ No Institution name and of Yes | lescription. Separately file the records of any interest | ts.11 U.S.C. § 521(c): | |
| | | | | |
| 25. | | s in property (other than anything listed in line | 1), and rights or powers | |
| | exercisable for your benefit No | | | |
| | Yes. Describe | | | |
| 26. | | rade secrets, and other intellectual property ebsites, proceeds from royalties and licensing agree | ements | |
| | ✓ No Yes. Describe | | | |
| | | | | |
| 27. | Licenses, franchises, and other ge Examples: Building permits, exclusive | neral intangibles licenses, cooperative association holdings, liquor li | censes, professional licenses | |
| | ✓ No Yes. Describe | | | |
| | | | | |
| | | | | |
| Mor | ney or property owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | ney or property owed to you? Tax refunds owed to you | | | portion you own? Do not deduct secured |
| | | | | portion you own? Do not deduct secured |
| | Tax refunds owed to you ✓ No ✓ Yes. Give specific information | ner | Federal: | portion you own? Do not deduct secured |
| | Tax refunds owed to you ✓ No | ner | State: | portion you own? Do not deduct secured claims or exemptions. \$0.00 |
| 28. | Tax refunds owed to you No Yes. Give specific information about them, including wheth you already filed the returns and the tax years | | State: Local: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed to you No Yes. Give specific information about them, including wheth you already filed the returns and the tax years | ner ony, spousal support, child support, maintenance, | State: Local: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed to you No Yes. Give specific information about them, including wheth you already filed the returns and the tax years Family support Examples: Past due or lump sum alime | | State: Local: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed to you No Yes. Give specific information about them, including wheth you already filed the returns and the tax years | | State: Local: divorce settlement, property settlemen | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed to you No Yes. Give specific information about them, including wheth you already filed the returns and the tax years Family support Examples: Past due or lump sum alime | | State: Local: divorce settlement, property settlement Alimony: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 tt \$0.00 |
| 28. | Tax refunds owed to you No Yes. Give specific information about them, including wheth you already filed the returns and the tax years Family support Examples: Past due or lump sum alime | | State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including wheth you already filed the returns and the tax years Family support Examples: Past due or lump sum alime ✓ No Yes. Give specific information | | State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 tt \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including wheth you already filed the returns and the tax years Family support Examples: Past due or lump sum alimate No Yes. Give specific information Other amounts someone owes you Examples: Unpaid wages, disability instance of the property | | State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including wheth you already filed the returns and the tax years Family support Examples: Past due or lump sum alimate No Yes. Give specific information Other amounts someone owes you Examples: Unpaid wages, disability instance of the property | ony, spousal support, child support, maintenance, | State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 17 of 64

| Deb | tor 1 Diane | Turner | Case number (if known) | |
|------|--|---|---|--|
| | First Name Middle N | ame Last Name | | |
| 31. | Interests in insurance policies Examples: Health, disability, or life insurance; | health savings account (HSA); credit, h | omeowner's, or renter's insurance | |
| | No ✓ Yes. Name the insurance company | Company name: | Beneficiary: | Surrender or refund value: |
| | of each policy and list its value | Pioneer Insurance Policy | Daughter | \$0.00 |
| | | - | | _ |
| 30 | Any interest in property that is due you fr | om samoone who has died | | |
| 32. | If you are the beneficiary of a living trust, exp property because someone has died. | | , or are currently entitled to receive | |
| | ✓ No | | | |
| | Yes. Describe | | | |
| 33. | Claims against third parties, whether or r Examples: Accidents, employment disputes, | | a demand for payment | |
| | ✓ No | | | |
| | Yes. Describe | | | |
| 34. | Other contingent and unliquidated claim to set off claims | s of every nature, including counterd | laims of the debtor and rights | |
| | ✓ No | | | |
| | Yes. Describe | | | |
| 35. | Any financial assets you did not already I | ist | | |
| | No No Peceribe | | | |
| | Yes. Describe | | | |
| 36. | Add the dollar value of all of your entries for Part 4. Write that number here | | | \$725.00 |
| | | | | |
| Part | 5: Describe Any Rusiness-Related | Property You Own or Have an Ir | nterest In. List any real estate in Pa | d 1 |
| | Do you own or have any legal or equitable | | | |
| | No. Go to Part 6. | | | Current value of the portion you own? |
| | Yes. Go to line 38. | | | Do not deduct secured claims or exemptions |
| 38. | Accounts receivable or commissions you | already earned | | |
| | ✓ No | | | |
| | Yes. Describe | | | |
| 39. | Office equipment, furnishings, and suppli Examples: Business-related computers, softv | | chines, rugs, telephones, desks, chairs, elec | ctronic devices |
| | ✓ No | | | |
| | Yes. Describe | | | |
| | | | | |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 18 of 64

| Deb | tor 1 Diane | Turner Case number (if known) | |
|--------|--------------------------------------|---|--|
| 1 | First Name | Middle Name Last Name | |
| 40. | Machinery, fixtures, e | equipment, supplies you use in business, and tools of your trade | |
| | ✓ No | | |
| | Yes. Describe | | |
| | | | |
| 11 | Inventory | | |
| 41. | | | |
| | ✓ No | | |
| | Yes. Describe | | |
| | | | |
| 42. | Interests in partnersh | ips or joint ventures | |
| | ✓ No | , | |
| | | Name of entity: % of ownershi | p: |
| | Yes. Give specific information about | | |
| | them | | |
| | | | |
| | | | |
| 43. | Customer lists, mailing | lists, or other compilations | |
| | √ No | | |
| | | nclude personally identifiable information (as defined in 11 U.S.C. § 101(41A))? | |
| | Tes. De your liste ii | Total possentially lacetalitable information (as defined in 11 0.0.0. § 10 (417)): | |
| | ☐ No | | |
| | Yes. Descri | ribe | |
| | | | |
| 44. | Any business-related | property you did not already list | |
| | ✓ No | | |
| | Yes. Give specific | | |
| | information | | |
| | | - | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | all of your entries from Part 5, including any entries for pages you have attached | |
| for Pa | art 5. Write that numbe | er here | |
| Part | B. Describe Any Fa | arm- and Commercial Fishing-Related Property You Own or Have an Interes | st In. |
| ı aı | | interest in farmland, list it in Part 1. | |
| 46. | Do you own or have a | ny legal or equitable interest in any farm- or commercial fishing-related property? | |
| | No. Co to Dort 7 | · · · · | Current value of the |
| | Yes. Go to line 47. | | portion you own? |
| | Tes. Go to line 47. | | Do not deduct secured claims or exemptions |
| 47. | Farm animals | | 2. 2 |
| | Examples: Livestock, p | oultry, farm-raised fish | |
| | ✓ No | | |
| | Yes. Describe | | |
| | | | |
| | | | |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 19 of 64

| Deb | tor 1 Diane First Name | Middle Name | Lost Name | Case number (if known) | |
|--------------|--------------------------------|--|--|----------------------------------|------------------|
| 40 | | | Last Name | | |
| 48. | Crops-either growing of | or narvested | | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| 49 | Farm and fishing equin | ment, implements, machinery, fixt | ures and tools of trade | | |
| 10. | | o.t,p.oo.to,aoo.y,x | aroo, and toolo or trado | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| 50. | Farm and fishing suppl | ies, chemicals, and feed | | | |
| | No No | | | | |
| | Yes. Describe | | | | |
| | Too. Describe | | | | |
| | | | | | |
| 51. | Any farm- and commer | cial fishing-related property you d | id not already list | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| | | | | Г | |
| 52. A | dd the dollar value of all | l of your entries from Part 6, includ | ding any entries for page | es you have attached | |
| for P | art 6. Write that number | here | | | |
| | | | | <u>'</u> | |
| | | | | | |
| | | | | | |
| Part | - | perty You Own or Have an Inte | | Not List Above | |
| 53. | | perty of any kind you did not alread s, country club membership | ly list? | | |
| | | s, country club membership | | | |
| | No No | | | | 1 |
| | Yes. Give specific information | | | | |
| | inomiation | | | | |
| | | | | | |
| | | | | | |
| 54. A | dd the dollar value of all | of your entries from Part 7. Write | that number here | | <u>, P</u> |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part | 8: List the Totals of | Each Part of this Form | | | |
| | | | | | |
| 55. | Part 1: Total real estate | , line 2 | | > | \$66000.00 |
| | | | | | |
| | part 2 total vehicles, line | | | _ | |
| 57. F | Part 3: Total personal an | d household items, line 15 | \$850.00 | <u></u> | |
| 58. F | Part 4: Total financial as | sets, line 36 | \$725.00 | | |
| 59. | Part 5: Total business-re | elated property. line 45 | <u> </u> | _ | |
| | | | | _ | |
| οU. I | rart o: lotal farm- and f | ishing-related property, line 52 | | <u> </u> | |
| 61. | Part 7: Total other prope | erty not listed, line 54 | | | |
| 62. | Total personal property. | Add lines 56 through 61 | ¢1575.00 | | . 01575 00 |
| | | - | ************************************** | — Copy personal property total ▶ | + \$1575.00 |
| | | | | | A 6 7 7 7 |
| 60. | otal of all means are a | obodulo A/D Add line CE + line 20 | | | \$67575.00 |
| სპ. I | otal of all property on S | chedule A/B. Add line 55 + line 62 | | | |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 20 of 64

| Fill in this information to identify your case: | | | | | | |
|---|------------|-------------|----------------------|--|--|--|
| Debtor 1 | Diane | | Turner | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the: | | Northern | District of Illinois | | | |
| | | | (State) | | | |
| Case number (If known) | | | | | | |

Official Form 106C

Check if this is an amended filing

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | Part 1: Identify the Property You Claim as Exempt | | | | | | |
|----|---|---|---|------------------------------------|--|--|--|
| 1. | 3 · · · · · · · · · · · · · · · · · · · | | | | | | |
| | You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | |
| | You are claiming federal exemption | ns. 11 U.S.C. § 522(b)(| 2) | | | | |
| 2. | For any property you list on Schedule A | A/B that you claim as e | exempt, fill in the information below. | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption | | | |
| | Brief description: 6847 S Calumet Ave, Chicago, IL 60637 Line from Schedule A/B: 01 | \$66,000.00 | \$0 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-901 | | | |
| | Brief description: Misc. Household Goods Line from Schedule A/B: 06 | \$350.00 | \$350.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) | | | |
| 3. | ✓ No | ery 3 years after that for | 375? cases filed on or after the date of adjustment.) vithin 1,215 days before you filed this case? | | | | |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Page 21 of 64 Document

Debtor 1 Diane Turner Case number (if known) Middle Name First Name Last Name Part 2: **Additional Page** Brief description of the property and Current value of Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you property Check only one box for each exemption. own Copy the value from Schedule A/B 735 ILCS 5/12-1001(a) Brief \$350.00 description: **✓** \$350.00 **Used Clothing** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$50.00 description: **✓** \$50.00 **Used Costume Jewelry** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$100.00 description: **✓** \$100.00 Misc. Electronics 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$25.00 description: \$25.00 Cash on Hand 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 16 Brief 735 ILCS 5/12-1001(b) \$700.00 description: **✓** \$700.00 Checking account, 100% of fair market value, up to any Northern Trust applicable statutory limit Line from Schedule A/B: 17 Brief 735 ILCS 5/12-1001(f) \$0.00 description: \$0

100% of fair market value, up to any

applicable statutory limit

Pioneer Insurance

31

Policy

Line from Schedule A/B:

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 22 of 64

| Fill in | this information to identify your ca | se: | | | |
|------------------|---|---|---|---|-----------------------------------|
| Dobte | or 1 Diona | Turnor | | | |
| Debto | or 1 <u>Diane</u> First Name | Tumer Middle Name Last Name | | | |
| Debto | | | | | |
| (Spous | se, if filing) First Name | Middle Name Last Name | | | |
| Unite | d States Bankruptcy Court for the: | Northern District of Illinois (State) | | | |
| Case (If know | number wn) | (outs) | | | |
| Off | icial Form 106D | | _ | | Check if this is a amended filing |
| Sc | hedule D: Credito | ors Who Have Claims Secur | ed by Prop | ertv | 12/1 |
| Be as more | complete and accurate as possib | ole. If two married people are filing together, both are equional Page, fill it out, number the entries, and attach it to t | ally responsible for s | upplying correct info | |
| 1. | Do any creditors have claims se | ecured by your property? | | | |
| | No. Check this box and subm | nit this form to the court with your other schedules. You have | e nothing else to rep | ort on this form. | |
| i | Yes. Fill in all of the information | n below. | | | |
| Part | | | | | |
| 2. | List all secured claims. If a credit separately for each claim. If more the | tor has more than one secured claim, list the creditor nan one creditor has a particular claim, list the other creditors the claims in alphabetical order according to the creditor's | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 | Citi Bank | Describe the appropriate that account the electric | \$259,440.17 | \$66,000.00 | \$193,440.1 |
| | Creditor's Name | Describe the property that secures the claim: 6847 S Calumet Ave, Chicago, IL 60637 Value: | | | |
| | 399 Park Avenue New York Number Street | \$66,000.00 | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | |
| | New York NY 10043 | Contingent | | | |
| | City State ZIP Code Who owes the debt? Check one. | Unliquidated | | | |
| | Debtor 1 only | Disputed | | | |
| | Debtor 2 only | Nature of lien. Check all that apply. | | | |
| | Debtor 1 and Debtor 2 only | An agreement you made (such as mortgage or secured car loan) | | | |
| | At least one of the debtors and another | Statutory lien (such as tax lien, mechanic's lien) | | | |
| | Check if this claim relates | Judgment lien from a lawsuit | | | |
| | to a community debt Date debt was | Other (including a right to offset) | | | |
| | incurred | Last 4 digits of account number | | | |
| 2.2 | IRS 1 Creditor's Name | Describe the property that secures the claim: | \$47,452.00 | \$67,575.00 | \$0.00 |
| | PO Box 7346 Number Street | All Real and Personal Property As of the date you file, the claim is: Check all that apply. Contingent | | | |
| | Philadelphia PA 19101 | Unliquidated | | | |
| | City State ZIP Code | Disputed | | | |
| | Who owes the debt? Check one. Debtor 1 only | Nature of lien. Check all that apply. | | | |
| | Debtor 2 only | An agreement you made (such as mortgage or secured | | | |
| | Debtor 1 and Debtor 2 only | car loan) | | | |
| | At least one of the debtors | Statutory lien (such as tax lien, mechanic's lien) | | | |
| | and another | Judgment lien from a lawsuit | | | |
| | Check if this claim relates to a community debt Date debt was | Other (including a right to offset) | | | |
| | incurred | Last 4 digits of account number | | | |
| | Add the dollar value of y here: | our entries in Column A on this page. Write that number | \$306,892.17 | | |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 23 of 64

| Debtor 1 Diane | | Turner | Case n | umber (if known) | | |
|---|---|----------------------------|--|--|--|-----------------------------------|
| First Name N | Middle Name | Last Name | | | | |
| Additional Page Part:1 After listing any entries on to 2.4, and so forth. | this page, numbe | er them beginning with 2. | 3, followed by | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| City of Chicago Water Department Creditor's Name 333 S State, Suite 300 Number Street Chicago IL 60604 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred | 6847 S Calume \$66,000.00 As of the date Contingen: Unliquidate Disputed Nature of lien. An agreem car loan) Statutory li Judgment Other (inclu | | Value: ck all that apply. tgage or secured | | \$66,000.00 | \$0.00 |
| Add the dollar value of yo | | | that number | \$1,000.00 | | |
| here: | | | | | | |
| If this is the last page of y Write that number here: | our form, add th | e dollar value totals from | all pages. | \$307,892.17 | | |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 24 of 64

| Debtor 1 | Diane | | Turner | Case number (if known) |
|-------------------|---|--|-----------------------------------|---|
| Part 2: | First Name | Middle Name | Last Name nat You Already Listed | |
| Part 2. | LIST OTHERS TO DE IN | otilied for a Debt III | lat 100 All eady Listed | |
| agency Similar | is trying to collect fro ly, if you have more th | om you for a debt you o an one creditor for any | we to someone else, list tl | a debt that you already listed in Part 1. For example, if a collection he creditor in Part 1, and then list the collection agency here. ed in Part 1, list the additional creditors here. If you do not have nit this page. |
| 1 | est J Codilis | | | On which line in Part 1 did you enter the creditor? |
| Nam | | | | 2.1 |
| | /030 N FRONTAGE RD | | | Last 4 digits of account number |
| Num | nber Street | | | |
| | | | | |
| Burr | Ridge | Illinois | 60527 | |
| City | · | State | Zin Codo | |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 25 of 64

| Fill in this | | | | | | |
|-----------------------|--|---|--|---|--|--------|
| | information to identify your c | ase: | | | | |
| Debtor 1 | Diane | | Turner | | | |
| | First Name | Middle Name | Last Name | _ | | |
| Debtor 2 | | | | _ | | |
| (Spouse, if f | ling) First Name | Middle Name | Last Name | | | |
| United St | ates Bankruptcy Court for the: | Northern | District of Illinois | | | |
| | | | (State) | | | |
| Case nun | nber | | | - | | |
| | J Form 106E/E | | | | Check if this is an amended | filing |
| Ullicia | al Form 106E/F | | | | ш | |
| Sche | edule E/F: Cre | ditors Who | Have Unsecu | red Claims | 1 | 2/15 |
| other par Form 106 | ry to any executory contracts A/B) and on <i>Schedule G: Exe</i> | s or unexpired leases that ecutory Contracts and Une | could result in a claim. Als xpired Leases (Official Forn | so list executory contracts in 106G). Do not include ai ire space is needed, copy | h NONPRIORITY claims. List the on Schedule A/B: Property (Office on schedule A/B: Property (Office on schedule A/B: Property (Office on Schedule on Sc | |
| known). | | · | ge to this page. On the top | of any additional pages, w | rite your name and case number | |
| known). Part 1: | s in the boxes on the left. At | Y Unsecured Claims | | of any additional pages, w | rite your name and case number | |
| known). Part 1: | s in the boxes on the left. At List All of Your PRIORIT | Y Unsecured Claims | | of any additional pages, w | rite your name and case number | |
| known). Part 1: | s in the boxes on the left. At List All of Your PRIORIT uny creditors have priority ur | Y Unsecured Claims | | of any additional pages, w | rite your name and case number | |

Total

claim

Priority

amount

Nonpriority

amount

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 26 of 64

Debtor 1 Diane Turner Case number (if known) Middle Name First Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **✓** Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 ComEd \$600.00 Last 4 digits of account number Nonpriority Creditor's Name 3 Lincoln Center When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Bankruptcy Section Contingent Unliquidated 60181 Oakbrook Terrace Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **✓** Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Electric Bills Other. Specify ___ Is the claim subject to offset? Yes 4.2 Peoples Gas \$3,713.00 Last 4 digits of account number Nonpriority Creditor's Name 200 E. Randolph When was the debt incurred? n/a Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Illinois 60601 City Zip Code Disputed State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify ____ Gas bills Is the claim subject to offset? **✓** No Yes 4.3 Tax Relief Inc. \$1,621.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 1107 S Mannheim Rd Ste 310 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60154 Westchester Illinois City Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only **✓** Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another debts Check if this claim relates to a community debt Other. Specify Judgment 2012-M1-131644 Is the claim subject to offset? **✓** No Offician Yes Schedule E/F: Creditors Who Have Unsecured Claims page 2

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 27 of 64

Debtor 1 Diane Turner Case number (if known) Middle Name First Name Last Name Part 4: Add the Amounts for Each Type of Unsecured Claim Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 Total claims 6a. Domestic support obligations. from Part 1 \$0.00 6b. Taxes and certain other debts you owe the government \$0.00 6c. Claims for death or personal injury while you were intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$0.00 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$0.00 **Total claims** 6f. Student loans from Part 2

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6h. Debts to pension or profit-sharing plans, and other similar

6i. Other. Add all other nonpriority unsecured claims. Write

that amount here.

6j. Total. Add lines 6f through 6i.

\$0.00

\$0.00

\$5,934.00

\$5,934.00

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 28 of 64

| Fill in this information to identify your case: | | | | | | | | |
|---|---------------------------|-------------|------------------------------|---|--|--|--|--|
| Debtor 1 | Diane | | Turner | | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 | | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois (State) | _ | | | | |
| Case number (If known) | | | (, | | | | | |

Official Form 106G

Check if this is an amended filing

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 29 of 64

| | | | Do | cument ragi | JC 23 01 04 |
|---------------|--------------------------|---|---|---------------------------|--|
| Fill ir | n this infor | mation to identify your c | ase: | | |
| Debt | tor 1 | Diane | | Turner | |
| | | First Name | Middle Name | Last Name | |
| Debt | | = | | | |
| (Spot | use, if filing) | First Name | Middle Name | Last Name | |
| Unite | ed States E | ankruptcy Court for the: | Northern | District of Illinois | |
| Case | e number | | | (State) | |
| (If kno | | | | | |
| 1 | | | | | Check if this is an |
| ~ ~ | | | | | amended filing |
| Of | ticial | Form 106H | | | |
| C - I | ا داه م ما | a III. Varre Caa | lablana | | |
| <u>SCI</u> | neaui | e H: Your Coc | ieptors | | 12/15 |
| the e know | ntries in t n). Answe | he boxes on the left. At r every question. | | to this page. On the to | e space is needed, copy the Additional Page, fill it out, and number top of any Additional Pages, write your name and case number (if s a codebtor.) |
| | | | lived in a community pro kico, Puerto Rico, Texas, W | | y? (Community property states and territories include Arizona, California, sin.) |
| | | Go to line 3. | | | |
| | Yes. | Did your spouse, forme | er spouse, or legal equiva | lent live with you at the | e time? |
| | ✓ | No | | | |
| | | Yes. In which communit | y state or territory did you | ı live? | Fill in the name and current address of that person. |
| | | | | | |
| | | Name of your spouse, f | ormer spouse, or legal equ | valent | |
| | | Number Street | | | |
| | | Number Street | | | |
| | | City | State | Zip Co | Code |
| | | | | · | |
| 3. | In Column | 1, list all of your codel | otors. Do not include you | spouse as a codebtor | r if your spouse is filing with you. List the person shown in line 2 |

In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2
again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D),
Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 30 of 64

| | | | | 3 - | | | |
|------------------|--|--|-----------------------|--------------------|----------------------|-----------------------------|--------------------------|
| Fill in | this information to identify | your case: | | | | | |
| Debto | or 1 Diane | | Turner | | | | |
| | First Name | Middle Name | Last Na | ame | Che | eck if this is: | |
| Debto | or 2 e, if filing) First Name | Middle Name | Loot N | omo | — I п | An amended filing | |
| | | Middle Name | Last Na | | | A supplement showing p | nost-natition chanter 13 |
| United the: | d States Bankruptcy Court for | Northern | _ District of Illin | nois tate) | _ " | expenses as of the follow | |
| | number | | (5) | iai e) | | | |
| (If know | vn) | | | | | MM / DD / YYYY | |
| Offi | cial Form 106I | | | | | | |
| Sch | edule I: Your In | come | | | | | 12/15 |
| inform spouse | nsible for supplying correct nation about your spouse. I e. If more space is needed er (if known). Answer ever 1: Describe Employmen | If you are separated an I, attach a separate she y question. | d your spous | e is not fil | ng with you, do | not include informati | on about your |
| 1. Fi | ill in your employment | | Debtor 1 | | | Debtor 2 | |
| in | formation. | Employment status | | | | | |
| | you have more than one job, | Employment status | Emplo | - | | Employed | |
| | tach a separate page with formation about additional | | ✓ Not En | nployed | | Not Employed | |
| en | mployers. | Occupation | | | | | |
| | clude part time, seasonal, or elf-employed work. | Employer's name | | | | | |
| | | Employer's address | | | | | |
| | ccupation may include student rhomemaker, if it applies. | | Number Str | eet | | Number Street | _ |
| | | | | | | | |
| | | | City | | State Zip Code | City | State Zip Code |
| | | How long employed | • | | · | · | · |
| | | there? | - | | | | |
| Part | 2: Give Details About N | Monthly Income | | | | | |
| | mate monthly income as of | the date you file this forr | n. If you have | nothing to re | eport for any line, | write \$0 in the space. Inc | slude your non-filing |
| | ise unless you are separated. u or your non-filing spouse hav | o more than one employer | combine the i | information : | for all amployars fo | or that pareon on the line | s holow. If you nood |
| | e space, attach a separate she | | Combine the i | | , , | For Debtor 2 or | s below. If you fleed |
| | | | | F | or Debtor 1 | non-filing spouse | |
| | List monthly gross wages, sal deductions.) If not paid monthly be. | | | 2. | \$0.00 | | _ |
| | Estimate and list monthly ove | rtime pay. | | 3. | + \$0.00 | | |
| 4. | Calculate gross income. Add I | ine 2 + line 3. | | 4. | \$0.00 | | _ |
| | • | | | L | | - | <u>=1</u> |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 31 of 64

| Dept | or 1Diane First Name | | Turner Last Name | | Case number known) | | | |
|----------------------|--|--|---------------------|--------|-----------------------|-----------------------------------|-------|-------------------------|
| | riiot Haiiio | Widdle Raine | <u>Luot Hamo</u> | | For Debtor 1 | For Debtor 2 or non-filing spouse | | |
| Co | py line 4 here | | → 4. | | \$0.00 | | | |
| 5. Lis | st all payroll deduction | | | | | | | |
| 5a | a. Tax, Medicare, and S | Social Security deductions | 5a | a. | \$0.00 | | | |
| 5b | o. Mandatory contribut | tions for retirement plans | 5k | o | \$0.00 | | | |
| 50 | . Voluntary contribution | ons for retirement plans | 50 | D | \$0.00 | | | |
| 50 | d. Required repayment | s of retirement fund loans | 50 | d. | \$0.00 | | | |
| 5e | e. Insurance | | 56 | Э. | \$0.00 | | | |
| 5f. | . Domestic support ob | ligations | 5f | | \$0.00 | | | |
| 5g | g. Union dues | | 59 | j. | \$0.00 | | | |
| 5h | n. Other deductions. Sp | pecify: | 5h | 1. + | \$0.00 + | | | |
| 6. Ad +5h. | d the payroll deductio | ns. Add lines 5a + 5b + 5c + 5d + 5e +5 | of + 5g 6. | ; | \$0.00 | | | |
| 7. Ca | Iculate total monthly t | take-home pay. Subtract line 6 from line | e 4. 7. | | \$0.00 | | | |
| 8. Lis | st all other income reg | ularly received: | | | | | | |
| 8a | business, profession, | | | | | | | |
| | gross receipts, ordinar | each property and business showing y and necessary business expenses, and | | | | | | |
| | the total monthly net in | | 88 | | \$0.00 | | | |
| | . Interest and dividend | | 81 |). | \$0.00 | | | |
| 80 | dependent regularly | | | | | | | |
| | divorce settlement, and | sal support, child support, maintenance, d property settlement. | , 8c | D | \$0.00 | | | |
| 80 | d. Unemployment comp | pensation | 80 | d. | \$0.00 | | | |
| 8e | e. Social Security | | 86 | €. | \$1,526.90 | | | |
| 8f. | Include cash assistance cash assistance that yo | ssistance that you regularly receive e and the value (if known) of any non- ou receive, such as food stamps (benefits al Nutrition Assistance Program) or | s 8f | :_ | \$0.00 | | | |
| 80 | . Pension or retiremen | nt income | 89 | j. | \$0.00 | | | |
| 8h | n. Other monthly incon | ne. Specify: | 8h | 1. + | \$0.00 + | | | |
| 9. Ad | d all other income Add | d lines 8a + 8b + 8c + 8d + 8e + 8f +8g | + 8h. 9. | | \$1,526.90 | | | |
| | alculate monthly incord the entries in line 10 f | ne. Add line 7 + line 9. for Debtor 1 and Debtor 2 or non-filing s _l | 10 pouse |). | \$1,526.90 + | | = | \$1,526.90 |
| In frie | clude contributions from ends or relatives. | contributions to the expenses that you n an unmarried partner, members of your nots already included in lines 2-10 or amo | r household, | your d | ependents, your roomn | | | |
| Sp | pecify: | | | | | | 11. + | \$0.00 |
| | | last column of line 10 to the amount i Summary of Schedules and Statistical Su | | | | | 12. | \$1,526.90 |
| | | | | | | | | Combined monthly income |
| 13. D | No. | ase or decrease within the year after | you file this | form? | | | | |
| | Voc. Evolein: | | | | | | | |
| L | Yes. Explain: | | | | | | | |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 32 of 64

| | | Docu | ıment Page 32 of 64 | ļ. | |
|--|---|---|--|-------------------------------------|---|
| Fill in this infor | mation to identify your o | ase: | | | |
| Debtor 1 | Diane First Name | Middle Name | Turner Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | Check if this is: An amended filir | ng |
| United States E | Bankruptcy Court for the: | Northern [| District of Illinois | | howing post-petition chapter 13 the following date: |
| Case number (If known) | | | (State) | MM / DD / YYYY | / |
| Official | Form 106J | | | | |
| | e J: Your Exp | enses | | | 12/15 |
| information. If (if known). Ans | more space is needed, wer every question. cribe Your Househol | attach another sheet to this | re filing together, both are equall form. On the top of any additiona | | |
| | o to line 2 oes Debtor 2 live in a se No Yes. Debtor 2 must fil | • | nses for Separate Household of Debi | or 2. | |
| 2. Do you hav Do not list D Debtor 2. | | oes. Fill out this information for ch dependent | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
| | - | | | | |
| Part 2: Esti | mate Your Ongoing I | Monthly Expenses | | | |
| _ | of a date after the bank | | rou are using this form as a suppl plemental Schedule J, check the | • | • |
| | - | ash government assistance i on Schedule I: Your Income | - | | Your expenses |
| | or home ownership ex or the ground or lot. 4. | penses for your residence. In | clude first mortgage payments and | | \$0.00 |
| If not incl | uded in line 4: | | | | |

\$150.00

\$0.00

\$0.00

\$0.00

4a

4b.

4c.

4d.

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 33 of 64

 Debtor 1 First Name
 Diane
 Turner
 Case number (if known)

 Last Name
 Last Name

| First Name | Middle Name Last Name | | |
|--|---|------------|---------------------------------------|
| | | | Your expenses |
| 5. Additional mortgage paymen | nts for your residence, such as home equity loans | 5. | \$0.00 |
| 6. Utilities: | | | |
| 6a. Electricity, heat, natural gas | 3 | 6a. | \$130.00 |
| 6b. Water, sewer, garbage coll | ection | 6b. | \$68.00 |
| 6c. Telephone, cell phone, Int | ernet, satellite, and cable services | 6c. | \$100.00 |
| 6d. Other. Specify: | | 6d | \$0.00 |
| 7. Food and housekeeping sup | plies | 7. | \$197.00 |
| 8. Childcare and children's edu | acation costs | 8. | \$0.00 |
| 9. Clothing, laundry, and dry cl | eaning | 9. | \$25.00 |
| 10. Personal care products and | d services | 10. | \$25.00 |
| 11. Medical and dental expens | es | 11. | \$0.00 |
| 12. Transportation. Include gas Do not include car payments | maintenance, bus or train fare. | 12. | \$100.00 |
| 13. Entertainment, clubs, recre | ation, newspapers, magazines, and books | 13. | \$0.00 |
| 14. Charitable contributions ar | d religious donations | 14. | \$0.00 |
| 15. Insurance. Do not include insurance dedu | ucted from your pay or included in lines 4 or 20. | | · · · · · · · · · · · · · · · · · · · |
| 15a. Life insurance | | 15a | \$102.00 |
| 15b. Health insurance | | 15b | \$104.90 |
| 15c. Vehicle insurance | | 15c | \$0.00 |
| 15d. Other insurance. Specify: | | 15d | \$0.00 |
| 16. Taxes. Do not include taxes of | deducted from your pay or included in lines 4 or 20. | | |
| Specify: | | 16 | \$0.00 |
| 17. Installment or lease payme | nts: | 10 | |
| 17a. Car payments for Vehicle | | 17a | \$0.00 |
| 17b. Car payments for Vehicle | 2 | 17b | \$0.00 |
| 17c. Other. Specify: | | 17c | \$0.00 |
| | | 17d | \$0.00 |
| | maintenance, and support that you did not report as deducted from | | \$0.00 |
| | e I, Your Income (Official Form 106I). | 18. | |
| , , , | o support others who do not live with you. | | |
| Specify: | and included in the Ann Entable forms on an Oake dule I. Vous Income | 19. | \$0.00 |
| 20a. Mortgages on other prop | es not included in lines 4 or 5 of this form or on Schedule I: Your Income. | 200 | \$0.00 |
| 20b. Real estate taxes. | | 20a 20b | \$0.00 \$0.00 |
| 20c. Property, homeowner's, | or renter's insurance | | |
| 20d. Maintenance, repair, and | | 20c 20d | \$0.00 \$0.00 |
| 20e. Homeowner's association | | | |
| 200. Homeowifer 3 association | 1 of condominatin duoc | 20e | \$0.00 |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 34 of 64

| Debtor 1 | | | Turner | Case number (if known) | | |
|-----------------|---------------------------|--|-------------|------------------------|-----|-------------|
| | First Name | Middle Name | Last Name | | | |
| 21. Othe | r. Specify: | | | | 21 | \$0.00 |
| 00 Cala | ulata varus maastiliv ave | | | | | |
| | ulate your monthly exp | | \$1,001.90 | | | |
| | Add lines 4 through 21. | (D.I. 0) '(| | | | \$0.00 |
| | | xpenses for Debtor 2), if any, | | 2 | | \$1,001.90 |
| | | he result is your monthly exp | enses. | | 22. | |
| 23.Calcu | late your monthly net | income. | | | | |
| 23a. (| Copy line 12 (your comb | pined monthly income) from | Schedule I. | | 23a | \$1,526.90 |
| 23b. | Copy your monthly expe | enses from line 22 above. | | | 23b | \$1,001.90 |
| | | xpenses from your monthly in | ncome. | | | \$525.00 |
| | The result is your month | nly net income. | | | 23c | |
| mort | | to finish paying for your car l se or decrease because of a r | | | | |
| | | | | | | |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Page 35 of 64 Document

| Fill in this information to identify your case: | | | | | | | | |
|---|------------|-------------|------------------------------|--|--|--|--|--|
| Debtor 1 | Diane | | Turner | | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 | | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | | |
| United States Bankruptcy Court for the: | | Northern | District of Illinois (State) | | | | | |
| Case number (If known) | | | () | | | | | |

Official Form 106Dec

| П | Check if this is an |
|---|---------------------|
| _ | amended filing |

Declaration About an Individual Debtor's Schedules

If two married people are filing together, both are equally responsible for supplying correct information.

12/15

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining

money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Pai | t 1: Sign Below | | | | | | | |
|---|--|---|--|--|--|--|--|--|
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? | | | | | | | | |
| | ✓ No | | | | | | | |
| | Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Under penalty of perjury, I declare that I have read the summary a that they are true and correct. | and schedules filed with this declaration and | | | | | | |
| × | /s/ Diane Turner | × | | | | | | |
| | Signature of Debtor 1 | Signature of Debtor 2 | | | | | | |
| | Date 12/28/2016 | Date | | | | | | |
| | MM/DD/YYYY | MM/DD/YYYY | | | | | | |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 36 of 64

| Fill in | n this ir | nformatio | n to identify your o | case: | | | | | |
|-----------------|---------------|-------------|----------------------|---------------------|---|-----------------------|----------------|----------|---|
| Deb | tor 1 | Diar | | | Tur | | | | |
| Deb | tor 2 | First | t Name | Middle | Name Las | st Name | | | |
| (Spot | use, if filin | ng) First | Name | Middle | Name Las | st Name | | | |
| Unit | ed State | es Bankru | ptcy Court for the: | Northern | District o | f Illinois (State) | | | |
| Case (If kno | e numb | oer | | | | (Glate) | | | |
| | · · | | | | | | | | Check if this is a |
| <u>Ot</u> | TICIE | al Foi | rm 107 | | | | | | amended filing |
| Sta | atem | nent d | of Financia | al Affairs f | for Individua | als Filing | for Bankrı | uptcy | 12/1 |
| infor | rmatio | n. If moi | | ed, attach a sep | narried people are fo parate sheet to this | | | | supplying correct your name and case |
| Pari | 11: G | ive Det | ails About Your | Marital Status | and Where You I | _ived Before | | | |
| 1. | What | t is your (| current marital st | atus? | | | | | |
| | | Married | | | | | | | |
| | | Not marr | ied | | | | | | |
| 2. | Durir | ng the las | st 3 years, have y | ou lived anywher | e other than where | you live now? | | | |
| | | No | | | | | | | |
| | _ | Yes. List | all of the places y | ou lived in the las | st 3 years. Do not inc | lude where you | live now. | | |
| | ١ | Debtor 1 | : | | Dates Debtor 1 li | ved Debtor | · 2: | | Dates Debtor 2 lived there |
| | | | | | | Sa | me as Debtor 1 | | Same as Debtor 1 |
| | ; | N la | Discol | | From | N | 01 | | From |
| | | Number 9 | Street | | То | . Numbe | er Street | | То |
| | _ | | | | | | | | |
| | _ | City | State | Zip Code | | City | State | Zip Code | |
| | | | | | | ∐ Sa | me as Debtor 1 | | Same as Debtor 1 |
| | į | Number S | Street | | From | . Numbe | er Street | | From |
| | • | | | | То | | | | To |
| | • | Oit. | Otata | 7in Onda | | Cit. | Otata | 7:- Cada | |
| | _ | City | State | Zip Code | | City | State | Zip Code | |
| 3. | | | | | pouse or legal equiv siana, Nevada, New M | | | - ' | ommunity property states |
| | ✓ No | | • | | • | | ŭ | , | |
| | <u> </u> | | sure you fill out S | chedule H: Your | Codebtors (Official I | Form 106H). | | | |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 37 of 64

Case number (if known)

Turner

Middle Name First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) Wages, Wages, From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, Wages, For last calendar year: commissions, commissions, 2015 (January 1 to December 31, bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, For the calendar year before that: commissions. commissions. (January 1 to December 31, 2014) bonuses, tips bonuses, tips Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income Gross income from Describe below. each source Describe below. each source (before deductions and (before deductions exclusions) and exclusions) Est. 2016 SSI \$16,800.00 From January 1 of current year until the date you filed for bankruptcy: Est. 2015 SSI \$16,800.00 For last calendar year: (January 1 to December 31, 2015 \$16,800.00 Est. 2014 SSI For the calendar year before that: (January 1 to December 31, 2014

Debtor 1 Diane

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 38 of 64

Turner Debtor 1 Diane __ Case number (if known) Middle Name First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors

Other

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 39 of 64

| or ' | 1 Diane | | | Tur | ner | Case number | (if known) |
|------------------|--|--|---|---|--|---|--|
| | First Name | | Middle Name | Las | t Name | | |
| nsi or ige | iders include your porations of whicl | relatives; a n you are a for a busin | ny general partners n officer, director, p ess you operate as | s; relatives of any poerson in control, | general partners; part or owner of 20% or | nerships of which y more of their voting | who was an insider? you are a general partner; g securities; and any managing c domestic support obligations, |
| ✓ | No | | | | | | |
| | Yes. List all pay | ments to a | an insider. | | | | |
| | | | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| | Insider's Name | | | | | | |
| | Number Street | | | | | | |
| | City | State | Zip Code | | | | |
| | Insider's Name | | | | | | |
| | Number Street | | | | | | |
| | City | State | Zin Codo | | | | |
| | City | State | Zip Code | | | | |
| | No | | ranteed or cosigne t benefited an ins | | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| | Insider's Name | | | | | | |
| | Number Street | | | | | | |
| | City | State | Zip Code | | | | |
| | Insider's Name | | | | | | |
| | | | | | | | |
| | Number Street | | | | | | |
| | Number Street City | State | Zip Code | | | | |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 40 of 64

Turner

Debtor 1 Diane Case number (if known) Middle Name First Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Nature of the case Status of the case Court or agency Case title Foreclosure Cook County Circuit Court Pending Citi Bank v. Turner Court Name On appeal 50 West Washington Street Case number NumberStreet Concluded 2016-CH-08134 Illinois 60602 Chicago City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property 6847 S. Calumet FORECLOSURE PROCEEDING \$0 Citi Bank Creditor's Name Explain what happened 399 Park Avenue New York Number Street Property was repossessed. Property was foreclosed. New York New York 10043 Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 41 of 64

| Debt | tor 1 | Diane | | Turner | Case number (if known) |) | |
|------|----------|-------------------------------------|----------------------------|-----------------------------|-------------------------------|--------------------------|--------------------|
| | | First Name | Middle Name | Last Name | | | |
| 11. | | | iled for bankruptcy, did a | | ank or financial institution, | set off any amou | nts from your |
| | ✓ | No Yes. Fill in the details. | | | | | |
| | | ' | | Describe the action the | e creditor took | Date action was taken | Amount |
| | | Creditor's Name | | | | | |
| | | Number Street | | | | | |
| | | | | Last 4 digits of account r | number: XXXX- | | |
| 12 | \A/i+i | City State | • | y of your property in the | possession of an assignee fo | or the benefit of a | proditors a court- |
| 12. | | | dian, or another official? | y or your property in the p | Jussession of an assignee it | or the benefit of t | reditors, a court- |
| | | No Yes | | | | | |
| Part | 5: | List Certain Gifts and | l Contributions | | | | |
| 13. | Wi | thin 2 years before you fi | iled for bankruptcy, did y | ou give any gifts with a to | otal value of more than \$600 |) per person? | |
| | ✓ | No | | | | | |
| | | Yes. Fill in the details fo | or each gift. | | | | |
| | | Gifts with a total value per person | of more than \$600 | Describe the gifts | | Dates you gave the gifts | Value |
| | | | | | | | |
| | | Person to Whom You Ga | eve the Gift | | | | |
| | | Number Street | | | | | |
| | | City State | Zip Code | | | | |
| | | Person's relationship to y | rou | | | | |
| | | Person to Whom You Ga | ve the Gift | | | | |
| | | Number Street | | | | | |
| | | City State | Zip Code | | | | |
| | | Person's relationship to y | ou ou | | | | |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 42 of 64

| Debto | r 1 | Diane | | Turner | Case number (if know | vn) | |
|--------|-------------|---|---------------------------------|---|--------------------------------|--------------------------------------|----------------------|
| | | First Name Middle Name | | Last Name | | | |
| | | | | | | | |
| 14. | Witl | hin 2 years before you filed for bankruptcy | , did you | give any gifts or contr | ibutions with a total value | of more than \$600 | to any charity? |
| - 1 | | No | | | | | |
| | ⊻ | | | | | | |
| | | Yes. Fill in the details for each gift or contr | ibution. | | | | |
| | | Gifts or contributions to charities | | Describe what you con | ntributed | Date you | Value |
| | | that total more than \$600 | | | | contributed | |
| | | | | | | | |
| | | OL THE M | | | | | |
| | | Charity's Name | | | | | |
| | | _ | | | | | |
| | | | | | | | |
| | | Number Street | | | | | |
| | | | | | | | |
| | | City State Zip Code | | | | | |
| | _ | | | | | | |
| Part 6 |): | List Certain Losses | | | | | |
| | | | | | | | |
| 15. \ | With | nin 1 year before you filed for bankruptcy o | r since | you filed for bankruptc | y, did you lose anything be | cause of theft, fire, | other disaster, or |
| ç | gam | bling? | | | | | |
| | | No | | | | | |
| | ≰ | | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | | Describe the property you lost and | | Describe any insurance | e coverage for the loss | Date of your | Value of property |
| | | how the loss occurred | | | insurance has paid. List | loss | lost |
| | | | | pending insurance claim | s on line 33 of Schedule | | |
| | | | | A/B: Property. | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 16. \ | With | List Certain Payments or Transfers nin 1 year before you filed for bankruptcy, | | | n your behalf pay or transf | er any property to a | inyone you consulted |
| 16. \ | With abo | nin 1 year before you filed for bankruptcy, ut seeking bankruptcy or preparing a bank ude any attorneys, bankruptcy petition prepare No | (ruptcy | petition? | | | nyone you consulted |
| 16. \ | With abo | nin 1 year before you filed for bankruptcy, ut seeking bankruptcy or preparing a bank ude any attorneys, bankruptcy petition prepare | (ruptcy | petition? | | | nyone you consulted |
| 16. \ | With abo | nin 1 year before you filed for bankruptcy, ut seeking bankruptcy or preparing a bank ude any attorneys, bankruptcy petition prepare No | kruptcy ers, or cre | petition? Idit counseling agencies Description and value | or services required in your b | ankruptcy. Date payment | Amount of |
| 16. \ | With abo | nin 1 year before you filed for bankruptcy, ut seeking bankruptcy or preparing a bank ude any attorneys, bankruptcy petition prepare No | kruptcy ers, or cre | petition? edit counseling agencies | or services required in your b | ankruptcy. Date payment or transfer | |
| 16. \ | With abo | nin 1 year before you filed for bankruptcy, ut seeking bankruptcy or preparing a bank ude any attorneys, bankruptcy petition prepare No | kruptcy ers, or cre | petition? Idit counseling agencies Description and value | or services required in your b | Date payment or transfer was made | Amount of payment |
| 16. \ | With abo | nin 1 year before you filed for bankruptcy, ut seeking bankruptcy or preparing a bank ude any attorneys, bankruptcy petition prepare No Yes. Fill in the details. Semrad Law Firm | kruptcy ers, or cre | petition? Idit counseling agencies Description and value | or services required in your b | ankruptcy. Date payment or transfer | Amount of |
| 16. \ | With abo | nin 1 year before you filed for bankruptcy, ut seeking bankruptcy or preparing a bankruptcy and any attorneys, bankruptcy petition prepare No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid | kruptcy ers, or cre | petition? dit counseling agencies Description and value transferred | or services required in your b | Date payment or transfer was made | Amount of payment |
| 16. \ | With abo | nin 1 year before you filed for bankruptcy, ut seeking bankruptcy or preparing a bankruptcy or preparing a bankruptcy petition prepare No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue | kruptcy ers, or cre | petition? dit counseling agencies Description and value transferred | or services required in your b | Date payment or transfer was made | Amount of payment |
| 16. \ | With abo | nin 1 year before you filed for bankruptcy, ut seeking bankruptcy or preparing a bankruptcy and any attorneys, bankruptcy petition prepare No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid | kruptcy ers, or cre | petition? dit counseling agencies Description and value transferred | or services required in your b | Date payment or transfer was made | Amount of payment |
| 16. \ | With abo | nin 1 year before you filed for bankruptcy, ut seeking bankruptcy or preparing a bankruptcy or preparing a bankruptcy petition prepare No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue | kruptcy ers, or cre | petition? dit counseling agencies Description and value transferred | or services required in your b | Date payment or transfer was made | Amount of payment |
| 16. \ | With abo | nin 1 year before you filed for bankruptcy, ut seeking bankruptcy or preparing a bankruptcy and any attorneys, bankruptcy petition prepare No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street | kruptcy ers, or cre | petition? dit counseling agencies Description and value transferred | or services required in your b | Date payment or transfer was made | Amount of payment |
| 16. \ | With abo | nin 1 year before you filed for bankruptcy, ut seeking bankruptcy or preparing a bankruptcy and any attorneys, bankruptcy petition prepared No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois 60643 | kruptcy ers, or cre | petition? dit counseling agencies Description and value transferred | or services required in your b | Date payment or transfer was made | Amount of payment |
| 16. \ | With abo | nin 1 year before you filed for bankruptcy, ut seeking bankruptcy or preparing a bankruptcy and any attorneys, bankruptcy petition prepare No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street | kruptcy ers, or cre | petition? dit counseling agencies Description and value transferred | or services required in your b | Date payment or transfer was made | Amount of payment |
| 16. \ | With abo | nin 1 year before you filed for bankruptcy, ut seeking bankruptcy or preparing a bankruptcy and any attorneys, bankruptcy petition prepared No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois 60643 City State Zip Code | kruptcy ers, or cre | petition? dit counseling agencies Description and value transferred | or services required in your b | Date payment or transfer was made | Amount of payment |
| 16. \ | With abo | nin 1 year before you filed for bankruptcy, ut seeking bankruptcy or preparing a bankruptcy and any attorneys, bankruptcy petition prepared No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois 60643 | kruptcy ers, or cre | petition? dit counseling agencies Description and value transferred | or services required in your b | Date payment or transfer was made | Amount of payment |
| 16. \ | With abo | nin 1 year before you filed for bankruptcy, ut seeking bankruptcy or preparing a bankruptcy and any attorneys, bankruptcy petition prepared No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois 60643 City State Zip Code Email or website address | kruptcy ers, or cre | petition? dit counseling agencies Description and value transferred | or services required in your b | Date payment or transfer was made | Amount of payment |
| 16. \ | With abo | nin 1 year before you filed for bankruptcy, ut seeking bankruptcy or preparing a bankruptcy and any attorneys, bankruptcy petition prepared No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois 60643 City State Zip Code | kruptcy ers, or cre | petition? dit counseling agencies Description and value transferred | or services required in your b | Date payment or transfer was made | Amount of payment |
| 16. \ | With abo | nin 1 year before you filed for bankruptcy, ut seeking bankruptcy or preparing a bankrupt early attorneys, bankruptcy petition prepared No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois 60643 City State Zip Code Email or website address Person Who Made the Payment, if Not You | kruptcy ers, or cre | petition? dit counseling agencies Description and value transferred | or services required in your b | Date payment or transfer was made | Amount of payment |
| 16. \ | With abo | nin 1 year before you filed for bankruptcy, ut seeking bankruptcy or preparing a bankruptcy and any attorneys, bankruptcy petition prepared No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois 60643 City State Zip Code Email or website address | kruptcy ers, or cre | petition? dit counseling agencies Description and value transferred | or services required in your b | Date payment or transfer was made | Amount of payment |
| 16. \ | With abo | nin 1 year before you filed for bankruptcy, ut seeking bankruptcy or preparing a bankrupt and any attorneys, bankruptcy petition prepared No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois 60643 City State Zip Code Email or website address Person Who Made the Payment, if Not You Person Who Was Paid | kruptcy ers, or cre | petition? dit counseling agencies Description and value transferred | or services required in your b | Date payment or transfer was made | Amount of payment |
| 16. \ | With abo | nin 1 year before you filed for bankruptcy, ut seeking bankruptcy or preparing a bankrupt early attorneys, bankruptcy petition prepared No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois 60643 City State Zip Code Email or website address Person Who Made the Payment, if Not You | kruptcy ers, or cre | petition? dit counseling agencies Description and value transferred | or services required in your b | Date payment or transfer was made | Amount of payment |
| 16. \ | With abo | nin 1 year before you filed for bankruptcy, ut seeking bankruptcy or preparing a bankrupt and any attorneys, bankruptcy petition prepared No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois 60643 City State Zip Code Email or website address Person Who Made the Payment, if Not You Person Who Was Paid | kruptcy ers, or cre | petition? dit counseling agencies Description and value transferred | or services required in your b | Date payment or transfer was made | Amount of payment |
| 16. \ | With abo | nin 1 year before you filed for bankruptcy, ut seeking bankruptcy or preparing a bankrupt early and any attorneys, bankruptcy petition prepared No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois 60643 City State Zip Code Email or website address Person Who Made the Payment, if Not You Person Who Was Paid Number Street | kruptcy ers, or cre | petition? dit counseling agencies Description and value transferred | or services required in your b | Date payment or transfer was made | Amount of payment |
| 16. \ | With abo | nin 1 year before you filed for bankruptcy, ut seeking bankruptcy or preparing a bankrupt and any attorneys, bankruptcy petition prepared No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois 60643 City State Zip Code Email or website address Person Who Made the Payment, if Not You Person Who Was Paid | kruptcy ers, or cre | petition? dit counseling agencies Description and value transferred | or services required in your b | Date payment or transfer was made | Amount of payment |
| 16. \ | With abo | nin 1 year before you filed for bankruptcy, ut seeking bankruptcy or preparing a bankrupt each any attorneys, bankruptcy petition prepared No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois 60643 City State Zip Code Email or website address Person Who Made the Payment, if Not You Person Who Was Paid Number Street City State Zip Code | kruptcy ers, or cre | petition? dit counseling agencies Description and value transferred | or services required in your b | Date payment or transfer was made | Amount of payment |
| 16. \ | With abo | nin 1 year before you filed for bankruptcy, ut seeking bankruptcy or preparing a bankrupt early and any attorneys, bankruptcy petition prepared No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois 60643 City State Zip Code Email or website address Person Who Made the Payment, if Not You Person Who Was Paid Number Street | kruptcy ers, or cre | petition? dit counseling agencies Description and value transferred | or services required in your b | Date payment or transfer was made | Amount of payment |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 43 of 64

| Debt | | Diane | | Turner | Case number (if known) |) | |
|------|--------------|--|-------------------------|---|-------------------------------|--|------------------------------|
| | | First Name | Middle Name | Last Name | | | |
| 17. | help | nin 1 year before you filed o you deal with your credit not include any payment or t | ors or to make paym | | our behalf pay or transfer | any property to anyo | one who promised to |
| | ✓ | No | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | | | | Description and value of a transferred | iny property | Date A payment or transfer was made | mount of payment |
| | | Person Who Was Paid | | | | | |
| | | Number Street | | | | | |
| | | City State | Zip Code | | | | |
| | Inclu and | ordinary course of your bude both outright transfers a transfers that you have alreated. No Yes. Fill in the details. | ınd transfers made as s | security (such as the granting of | a security interest or mortga | age on your property). | Do not include gifts |
| | ш | roo. r iii iir a lo dotallo. | | Barriella and all and | | | D. L. |
| | | | | Description and value of a property transferred | | y property or eceived or debts paid | Date transfer was made |
| | | Person Who Received Tran | sfer | | | | |
| | | Number Street | | | | | |
| | | City State Person's relationship to you | Zip Code u | | | | |
| | | Person Who Received Tran | sfer | | | | |
| | | Number Street | | | | | |
| | | City State Person's relationship to you | Zip Code u | | | | |
| 19. | ben | nin 10 years before you file eficiary? ese are often called asset-pro | | d you transfer any property to | a self-settled trust or sim | ilar device of which | you are a |
| | ✓ | No | · | | | | |
| | | Yes. Fill in the details. | | | | | |
| | | | | Description and value of | the property transferred | | Date transfer was made |
| | | Name of trust | | | | | |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 44 of 64

Turner Debtor 1 Diane Case number (if known) Middle Name First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code City State Zip Code

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 45 of 64

Turner Debtor 1 Diane Case number (if known) Middle Name First Name Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code Zip Code City State Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code City State Zip Code

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 46 of 64

| Debt | tor 1 | | | | Τι | ırner | Cas | e number <i>(ii</i> | known) | | |
|------|--------------|----------------------------|----------------|---|--------------|-----------------|--|---------------------|---------------|-----------------|----------------------------------|
| | | First Name | | Middle Name | La | st Name | | | | | |
| 26. | Hav | e you been a part | y in any judic | ial or administr | rative proce | eding under | any environmen | ıtal law? In | clude settler | ments and ord | ers. |
| | | No Yes. Fill in the det | tails. | | | | | | | | |
| | | | | | Court or ag | ency | | Nature (| of the case | | Status of the case |
| | | Case title | | | | | | | | | Pending |
| | | | | | Court Name | 1 | | | | | |
| | | Case number | | | NumberStre | et | | | | | On appeal |
| | | | | | City | State | Zip Code | | | | Concluded |
| Part | 11: | Give Details Al | oout Your E | Business or Co | onnections | s to Any Bu | siness | | | | |
| 27. | With | nin 4 years before | you filed for | bankruptcy, dic | d you own a | business or | have any of the | following c | onnections t | o any business | s? |
| 21. | WILI | - | | | | | - | _ | | o any busines |): |
| | | | | rripioyed in a tra pility company (L | - | | r activity, either for artnership (LLP) | uli-urrie or p | oart-ume | | |
| | | A partner in a | | | | od lidoliity pe | a a loror lip (LLI) | | | | |
| | | | - | naging executiv | e of a corp | oration | | | | | |
| | | _ | | f the voting or e | - | | ooration | | | | |
| | | No None of the s | مالمصم مينمطي | - Co to Dout 10 | | | | | | | |
| | \mathbb{N} | No. None of the a | | | | wy for oach h | v icipoco | | | | |
| | Ш | Yes. Check all that | ат арріу аро | e and IIII in the | | | | | | | |
| | | | | | Desc | ribe the natu | ire of the busine | SS | | | number Do not number or ITIN. |
| | | Business Name | | | | | | | EIN: | | |
| | | Number Street | | | _ | | | | Dates busi | ness existed | |
| | | 0.4 | Chaha | 7:- O | Name | e of account | ant or bookkeep | er | _ | _ | |
| | | City | State | Zip Code | | | | | From | 10 | |
| | | | | | | | | | | | |
| | | | | | Desc | ribe the natu | ire of the busine | SS | | | number Do not number or ITIN. |
| | | Business Name | | | _ | | | | EIN: | | |
| | | Number Street | | | _ | | | | Dates busi | ness existed | |
| | | | _ | | Name | of account | ant or bookkeep | er | | | |
| | | City | State | Zip Code | | | | | From | To | |
| | | | | | | | | | | | |
| | | | | | Desc | rihe the nati | re of the busine | ee | Employer I | dentification r | number Do not |
| | | | | | Desc | inde the hatt | ire of the busine | -33 | | | number or ITIN. |
| | | Business Name | | | _ | | | | EIN: | | |
| | | Number Street | | | _ | | | | Dates busi | ness existed | |
| | | City | State | Zip Code | Name | of account | ant or bookkeep | er | Francis | т. | |
| | | Oity | Sidle | zip Code | | | | | From | To | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 47 of 64

| Debto | or 1 Diane | Turner | Case number (if known) |
|----------|---|-------------------------------------|--|
| | First Name Middle Name | Last Name | |
| | creditors, or other parties. | lid you give a financial statemer | nt to anyone about your business? Include all financial institutions, |
| | Yes. Fill in the details below. | | |
| | | Date issued | |
| | Name | MM/DD/YYYY | |
| | Namo | | |
| | Number Street | | |
| | | | |
| | City State Zip Code | | |
| Part 1 | 12: Sign Below | | |
| tro | rue and correct. I understand that making a fals bankruptcy case can result in fines up to \$250, | e statement, concealing proper | ents, and I declare under penalty of perjury that the answers are try, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | /s/ Diane Turner | | |
| | Signature of Debtor 1 | | Signature of Debtor 2 |
| | Date 12/28/2016 | | Date |
| Di | id you attach additional pages to Your Stateme | nt of Financial Affairs for Individ | uals Filing for Bankruntey (Official Form 107)? |
| _ | _ | nt of t manolal Analis for marvia | duist imig to Builki aproy (omolai 1 om 107). |
| <u> </u> | No | | |
| L | Yes | | |
| Di | id you pay or agree to pay someone who is not a | an attorney to help you fill out b | ankruptcy forms? |
| J | No No | | |
| | Yes. Name of person | | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 48 of 64

B 203 (12/94)

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re | Diane Turner | | Case No. | |
|-------|--|---|--|-------------------------------|
| _ | Debtor | | | (If known) |
| | | | Chapter | Chapter 13 |
| | DISCLOSURE OF C | COMPENSATIO | N OF ATTORNEY F | OR DEBTOR |
| 1. | . Pursuant to 11 U.S.C. § 329(a) and Fe compensation paid to me within one y rendered or to be rendered on behalf of | ear before the filing of the | petition in bankruptcy, or agreed to | o be paid to me, for services |
| | For legal services, I have agreed to acc | cept | | \$4,000.00 |
| | Prior to the filing of this statement I ha | ave received | | \$500.00 |
| | Balance Due | | | \$3,500.00 |
| 2. | . The source of the compensation paid | to me was: | | |
| | ✓ Debtor | Other (specify |) | |
| 3. | . The source of the compensation paid | to me is: | | |
| | ✓ Debtor | Other (specify |) | |
| 4. | I have not agreed to share the abomembers and associates of my la | ove-disclosed compensation with the firm. | on with any other person unless the | ey are |
| | | firm. A copy of the agreem | rith a other person or persons who a nent, together with a list of the name | |
| 5. | . In return for the above-disclosed fee, I a. Analysis of the debtor's financ bankruptcy; | | al service for all aspects of the bank g advice to the debtor in determinin | |
| | b. Preparation and filing of any p | etition, schedules, stateme | ents of affairs and plan which may b | pe required; |
| | c. Representation of the debtor a | at the meeting of creditors | and confirmation hearing, and any a | adjourned hearings thereof; |
| | d. Representation of the debtor in | n adversary proceedings a | nd other contested bankruptcy mat | ters; |
| 6. | . By agreement with the debtor(s), the a | bove-disclosed fee does n | ot include the following services: | |
| | | | | |
| | | CERTIFIC | CATION | |
| | l certify that the foregoing is a complete tor(s) in this bankruptcy proceedings. | statement of any agreeme | ent or arrangement for payment to r | ne for representation of the |
| | 12/28/2016 | | /s/ Sean McNulty | |
| | Date | | Signature of Attorney | |
| | | | Semrad Law Firm | |
| | _ | | Name of law firm | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | \$1,167 | filing fee |
|---|---------|--------------------|
| + | \$550 | administrative fee |
| | \$1,717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | | filing fee administrative fee |
|---|----------|----------------------------------|
| + | <u> </u> | |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 53 of 64

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Turner, Diane | Case No | Case No. | | |
|-----------------|---------------|---|-------------------------------------|--|--|
| | Debtor(s) | | | | |
| | | Chapter. | Chapter13 | | |
| | VERIFI | CATION OF CREDITOR MAT | RIX | | |
| Ti knowledge | | fy that the attached list of creditors is tru | ue and correct to the best of their | | |
| Date: | 12/28/2016 | /s/ Tumer, Diane | | | |
| | | Turner, Diane Signature of Deb | tor | | |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 54 of 64

Citi Bank 399 Park Avenue New York New York , 10043

Earnest J Codilis 15W030 N FRONTAGE RD Burr Ridge , 60527

Tax Relief Inc. 1107 S Mannheim Rd Ste 310 Westchester , 60154

IRS 1 PO Box 7346 Philadelphia , 19101

Peoples Gas 200 E. Randolph Chicago , 60601

City of Chicago Water Department 333 S State, Suite 300 Chicago , 60604

ComEd 3 Lincokln Cetre c/o Sabrina Copelan Villa Park , 60181 Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 55 of 64

| Debtor 1 Diane First Name | Middle North | Turner | Case number (if known) | |
|---|---|--|--|--|
| | Middle Name | Last Name | | |
| Part 6: Answer These Qu | estions for Reporting Purp | | | |
| 16. What kind of debts do you have? | "incurred by an indiv No. Go to line 16 Yes. Go to line 1 16b. Are your debts pri m | vidual primarily for a pe 6b. 7. narily business debts? s or investment or thro 6c. 7. | ersonal, family, or househo Business debts are debts ough the operation of the | s that you incurred to obtain business or investment. |
| 17. Are you filing under Chapter 7? | ✓ No. I am not filing under | r Chapter 7. Go to line 18 | manaman a general yengal kembananan a manaman akar angga agar an ay seriala ay seriala a | er personal de la companya del companya de la companya del companya de la companya del la companya de la compan |
| Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid No. | napter 7. Do you estimate that funds will be availab | that after any exempt propele to distribute to unsecured | erty is excluded and administrative I creditors? |
| 18. How many creditors do you estimate that you owe? | ☑ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 | 1,000- 5,001- 10,001 | | 25,001-50,000 50,001-100,000 More than 100,000 |
| 19. How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$10,00 \$50,00 | ,001-\$10 million 0,001-\$50 million 0,001-\$100 million 00,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| ^{20.} How much do you estimate your liabilities to be? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$10,00 \$50,00 | ,001-\$10 million D,001-\$50 million D,001-\$100 million D0,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| Part 7: Sign Below | | | | |
| For you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | | |
| | | | | noney or property by fraud in |
| | /s/ Diane Turner Signature of Debtor 1 | ian Ju | Signature of De | btor 2 |
| | Executed on12/28/ | /2016 I / DD / YYYY | Executed on | |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 56 of 64

| Debtor 1 | Diane | | Turner |
|---------------------|---------------------------|-------------|----------------------|
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States F | Bankruptcy Court for the: | Northern | District of Illinois |
| Case number | | | (State) |
| (If known) | | | |

amended filing

Check if this is an

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | 1: Sign Below | |
|--|--|---|
| TAN TO CHILD AND COLOR TO LOCAL | Did you pay or agree to pay someone who is NOT an attorney to | help you fill out bankruptcy forms? |
| And the state of t | ▽ No | |
| Andreas of the control of the contro | Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| The end has after a fellow at a second | | |
| ************************************** | | |
| | Under penalty of perjury, I declare that I have read the summary that they are true and correct. | and schedules filed with this declaration and |
| × | /s/ Diane Turner Linux | × |
| | Signature of Debtor 1 | Signature of Debtor 2 |
| | Date 12/28/2016 MM/DD/YYYY | Date MM/DD/YYYY |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 57 of 64

| Debtor | r 1 Diane | | Turner | Case number (if known) |
|--|--|------------------------|-----------------------------|---|
| C************************************* | First Name | Middle Name | Last Name | Oddo Harriba (FARDWI) |
| 28. W | Within 2 years before you file reditors, or other parties. No Yes. Fill in the details belo | | ou give a financial stater | nent to anyone about your business? Include all financial institutions, |
| | | | Date issued | |
| | Name | ···· | MM/DD/YYYY | _ |
| | | | | |
| | Number Street | | | , |
| | City State | Zip Code | | |
| | 2: Sign Below | , | | |
| · · · · · | and confect. I understand i | fines up to \$250,000, | itement, concealing pror | ments, and I declare under penalty of perjury that the answers are perty, or obtaining money or property by fraud in connection with the 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | Date 12/28/201 | 6 | | Date |
| Did | you attach additional pages | to Your Statement of | Financial Affairs for Indiv | viduals Filing for Bankruptcy (Official Form 107)? |
| | No Yes | | | |
| Did | you pay or agree to pay som | eone who is not an at | torney to help you fill out | bankruptcy forms? |
| | No | | | |
| | Yes. Name of person | Ang | | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 58 of 64

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| in re: | Turner, Diane | Case No | Case No. | | |
|-----------------|---|---|-------------------------------------|--|--|
| | Debtor(s) | Case (NO | | | |
| | | Chapter. | Chapter13 | | |
| | VERIF | ICATION OF CREDITOR MAT | RIX | | |
| Th knowledge | ne above named Debtors hereby vel e. | rify that the attached list of creditors is tru | ue and correct to the best of their | | |
| Oate: | 12/28/2016 | /s/ Turner, Diane Turner, Diane Signature of Debi | - June | | |

Case 16-40527 Doc 1 Filed 12/28/16 Entered 12/28/16 15:00:47 Desc Main Document Page 59 of 64

| Deb | tor 1 Diane | | Turner | Case number ([fknown] | |
|--|--|--|--|--|-------------|
| position and reserved | First Name | Middle Name | Last Name | Case Hulfiber (irknown) | |
| 16. | Calculate the median f | amily income that applies to | you. Follow these steps: | BROWN THE PROPERTY OF A STATE OF THE PROPERTY OF THE BROWN A PROPERTY AS A STATE OF THE PROPERTY OF THE PROPER | |
| | 16a. Fill in the state in wh | nich you live. | Illinois | | |
| 1 | 16b. Fill in the number of | f people in your household. | 1 | | |
| The state of the s | household | mily income for your state and s | To find a | list of applicable median income amounts, go online | \$50,133.00 |
| 17. | How do the lines compa | red in the separate instructions t | or this form. This list may | also be available at the bankruptcy clerk's office. | |
| | 17a. Line 15b is less | than or equal to line 16c. On the | ne top of page 1 of this fo o NOT fill out <i>Calculation</i> | rm, check box 1, Disposable income is not determined of Disposable Income (Official Form 122C-2). | |
| | 0.5.0. y 1523(1 | re than line 16c. On the top of p b)(3). Go to Part 3 and fill out r current monthly income from li | Calculation of Disposal | box 2, Disposable income is determined under 11 le Income (Official Form 122C-2). On line 39 of that | |
| Part | 3: Calculate Your Co | ommitment Period Under | 11 U.S.C. §1325(b)(4 |) | |
| 18. | | monthly income from line 11 | | | \$0.00 |
| 19. | Deduct the marital adju | stment if it applies. If you are | married, your spouse is n | ot filing with you, and you contend that calculating the r spouse's income, copy the amount from line 13. | Ψ0.00 |
| | | nent does not apply, fill in 0 on t | | r spouse's income, copy the amount from line 13. | -\$0.00 |
| | 19b. Subtract line 19a fi | | | | |
| 20. | Calculate your current r | monthly income for the year. I | Follow these steps: | | \$0.00 |
| | 20a. Copy line 19b. | · | | · | \$0.00 |
| | Multiply by 12 (the n | umber of months in a year). | | | x 12 |
| | 20b. The result is your cut | rent monthly income for the yea | ar for this part of the form. | | \$0.00 |
| | 20c. Copy the median fan | nily income for your state and si | ze of household from line | 16c. | \$50,133.00 |
| 21. | How do the lines compa | | | | |
| | Line 20b is less than I commitment period is | ine 20c. Unless otherwise order 3 years. Go to Part 4. | ed by the court, on the to | p of page 1 of this form, check box 3, The | |
| | Line 20b is more than 4, <i>The commitment p</i> | or equal to line 20c. Unless oth eriod is 5 years. Go to Part 4. | erwise ordered by the co | urt, on the top of page 1 of this form, check box | |
| Part • | Sign Below | | | | |
| | By cianing have I deal | ore under a self of the self o | | | |
| | by signing note, i ded | are under penalty of perjury that | the information on this s | tatement and in any attachments is true and correct. | |
| | 🗶 /s/ Diane Turne | er/ Jan Jun | × 2 | | |
| | Signature of Debto | or 1 | Sig | nature of Debtor 2 | |
| | Date 12/28/2016 | | Dat | 9 | |
| | MM/DD/YY | YY | | MM/DD/YYYY | |
| | If you checked 17a, do If you checked 17b, fill above. | NOT fill out or file Form 122C- out Form 122C-2 and file it wit | 2. h this form. On line 39 of | that form, copy your current monthly income from line | 14 |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

 Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$387.00
- 3. Before signing this agreement, the attorney has received, \$500.00 toward the flat fee, leaving a balance due of \$3,500.00; and \$77.00 for expenses, leaving a balance due of \$3,887.00
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: | 12/21/2016 | |
|----------|-------------------------|------------------------|
| Signed: | 21 n · + | |
| /s/ Dian | e Turner (Cleane Super | |
| | | /s/ Ayah Abdelhadi |
| Debtor(s | s) | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.